REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/

est possible service, please thoroughly review th	e accompanying instruc	tions before filling out	this form. Pl	LEASE PRIN	Γ LEGIBLY OR TYPE BELOW.
SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		2. SOCIAL SECURITY # 220-14-7592			4. PLACE OF BIRTH New York
T AND PRESENT For an effective records se BRANCH OF SERVICE	arch, it is important tha DATE ENTERED	nt ALL service be show DATE RELEASED	n below.) OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
U.S. Army Air Corps	14-Jun-1946			\boxtimes	12066648
6. IS THIS PERSON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: 11-Feb-2006					
ELETED copy, the following items will be bl code, and, for separations after June 30, 1979 ETED copy will be sent UNLESS YOU SPE Ecords Includes Service Treatment Records, F th and year) for EACH admission MUST be periodically information about the purpose of the coply. Information provided will in no way be to blain) Employment VA Loan Programment VA Loan Programment Code, and the code is the code in the	request is strictly volumed to make a decisionams Medical	or separation, reason to on and dates of time leader of the leader of th	for separation lost. It is box: HOSPITALI. may help to p	I want a DE I ZED (inpation	t eligibility code, separation LETED copy. ent) the FACILITY NAME and st possible response and may
SECTION III - RETURN ADDRESS AND SIGNATURE					
1. REQUESTER NAME: Chris Maloney 2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.) (Relationship to deceased veteran) 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Malonev Name 74 Davis Ave Street Apt. Rye NY 10580		I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) ○ OTHER American Legion Post 128, Rye, NY 10580 (Specify type of Other) 4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only			
State able at http://www.archives.gov/veterans/milita orm-180.html on the National Archives and Rec	Zip Code li stry-service- ords S 9	limited information can be released unless the request is archival. No signature is required if the request if for archival records.) Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number			
	SECTION I - INFORMATION NI DURING SERVICE (last, first, full middle) TAND PRESENT For an effective records see BRANCH OF SERVICE U.S. Army Air Corps ON DECEASED? NO YES - MUST p SON RETIRE FROM MILITARY SERVICE SECTION II - INFO ITEM(S) YOU ARE REQUESTING: 214 or equivalent. Year(s) in which form(s) is ontains information normally needed to verify organizations, if authorized in Section 1III, belocate, and, for separations after June 30, 1979 LETED copy will be sent UNLESS YOU SPECAGE Includes Service Treatment Records, Futh and year) for EACH admission MUST be perioding information about the purpose of the apply. Information provided will in no way be to blain) MEMBER OR VETERAL Emply. Information provided will in no way be to blain) MEMBER OR VETERAL Emply. Information provided will in no way be to blain) MEMBER OR VETERAL Emply. Information provided will in no way be to blain) MEMBER OR VETERAL Emply. Information provided will in no way be to blain) MEMBER OR VETERAL Employer. SECTION III NAME: Chris Maloney III.ITARY SERVICE MEMBER OR VETERAL Employer. (Relationship to deceased veteran) IATION/DOCUMENTS TO: e. See item 4 on accompanying instructions.)	SECTION I - INFORMATION NEEDED TO LOCE DURING SERVICE (last, first, full middle) 1. SOCIAL SECUR 220-14-7592 TAND PRESENT For an effective records search, it is important the BRANCH OF SERVICE 1. DATE ENTERED U.S. Army Air Corps 1. Jun-1946 U.S. Army Air Corps 1. Jun-1946 DATE ENTERED U.S. Army Air Corps 1. SECTION II - INFORMATION AND ITEM(S) YOU ARE REQUESTING: 1. How on the section III, below. An UNDELETE LETED copy, the following items will be blacked out: authority for ecode, and, for separations after June 30, 1979, character of separative toda, and, for separations after June 30, 1979, character of separative toda, and for separations after June 30, 1979, character of separative today and the and year) for EACH admission MUST be provided: 1. ETED copy will be sent UNLESS YOU SPECIFY A DELETED cords includes Service Treatment Records, Health (outpatient) and the and year) for EACH admission MUST be provided: 1. SECTION III - RETURN ADELY III - RETUR	SECTION I - INFORMATION NEEDED TO LOCATE RECORDS DURING SERVICE (last, first, full middle) 1. SOCIAL SECURITY # 220-14-7592 TAND PRESENT For an effective records search, it is important that ALL service be show DATE DATE BRANCH OF SERVICE DATE RELEASED U.S. Army Air Corps 14-Jun-1946 U.S. Army Air Corps 14-Jun-1946 U.S. Army Air Corps 14-Jun-1946 DON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: 1 SON RETIRE FROM MILITARY SERVICE? NO YES SECTION II - INFORMATION AND/OR DOCUMEN ITEM(S) YOU ARE REQUESTING: 14-Or equivalent, Year(s) in which form(s) issued to veteran: ontains information normally needed to verify military service. A copy may be sent to th reganizations, fauthorized in Section III, below. An UNDELETED DD214 is ordinaril ELETED copy, the following items will be blacked out: authority for separation, reason is code, and, for separations after June 30, 1979, character of separation and dates of time leaded on the cords includes Service Treatment Records, Health (outpatient) and Dental Records. If the cords includes Service Treatment Records, Health (outpatient) and Dental Records. If the cords includes Service Treatment Records, Health (outpatient) and Dental Records. If the cords information about the purpose of the request is strictly voluntary; however, it is ply. Information provided will in no way be used to make a decision to deny the request of the provided in the cords in instruction sheet.) SECTION III - RETURN ADDRESS AND SIG SECTION III - RETURN ADDRESS AND SIG SECTION III - RETURN ADDRESS AND SIG AND API. NY 10580 State Zip Code able at http://www.archives.gov/veterans/millitary-service- ord-180.htm/ on the National Archives and Records RAN web site. * Signature Required - 1 914-967-0372 Daytime phone	SECTION 1- INFORMATION NEEDED TO LOCATE RECORDS (Furnish at DURING SERVICE (last, first, full middle) 2. SOCIAL SECURITY # 3. DATE (220-14-7592) STAND PRESENT For an effective records search, it is important that ALL service be shown below. BRANCH OF SERVICE DATE DATE RELEASED OFFICER U.S. Army Air Corps 14-Jun-1946	DRING SERVICE (last, first, full middle) 2. SOCIAL SECURITY # 220-14-7592 TAND PRESENT For an effective records search, it is important that ALL service be shown below. DATE DATE PATE DATE PATE PATE RELEASED OFFICER ENLISTED U.S. Army Air Corps 14-Jun-1946 U.S. Army Air Corps 14-Jun-1946 U.S. Army Air Corps 14-Jun-1946 DO DECEASED? 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Without the of the veteran act-of-fix of deceased veteran, we authorized government agent, or other authorized mathorized repairs of the request (Iff

Email address